REQUEST FOR FEE EXEMPTION

LIMITED CRIMINAL HISTORY INFORMATION

CUSTOMER ID#

$(\underline{PLEASE\ TYPE\ ALL\ INFORMATION})$

Agency Name	
Mailing Address (where this response and the LCH responses will be sent)	
City, State, Zip Code	Phone
	N FOR REQUEST IC 10-13-3-36
(Check area that	at applies to your agency)
	purpose of providing an individual relationship for a child with an a background investigation of a prospective adult volunteer for the
B. Home Health Agency (copy of license has been is:	sued and on file with the Indiana State Police).
C. Department of Public Welfare Day Care/Foster Ho	ome Licensing or license.
D. School Corporation, Non-Public School or Specia	l Education Cooperative (Kindergarten through Grade 12).
E. Community mental retardation and other developm Certificate must be submitted)	nental disabilities center, for purposes of IC 12-29. (Copy of CARF
F. Group living facility licensed under IC 12-28-5.	
G. An area agency on aging designated under IC 12-	10-1.
H. Community action agency (as defined in IC 12-14	-23-2).
I. Owner operator of a hospice program licensed und	ler IC 16-25-3.
J. Community mental health center (as defined in IC	7-2-38).
WARNING – Pl	ENALITY FOR MISUSE
Authorized Signature of Requesting Agency	Date

Mail request and license if applicable to:

Indiana State Police, Central Records Attn: Kenneth O'Hare 100 N. Senate Avenue, Room N302 Indianapolis, IN. 46204-2259